

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1570 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, July 19th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Matthias Frederick Reinhardt.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 55 Years, 2 Months, 3 Days.

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Blacksmith.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bavaria.

Duration of Residence in the City of Baltimore, 34 yrs.

Place of Death, { Give Street and Number. } 3141 Elliott St.

Cause of Death, { First (Primary), Second (Immediate), } Over Heat.
Heart Failure.

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, St. Evangelist Church.

Date of Burial, July 21. 1887.

{ Undertaker, H. Sanders & Son W. Jones. M. D.

Medical Attendant.

{ Place of Business, 170 Canton St. Address, 224 Elliott St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

1571

Office of Registrar of Vital Statistics.

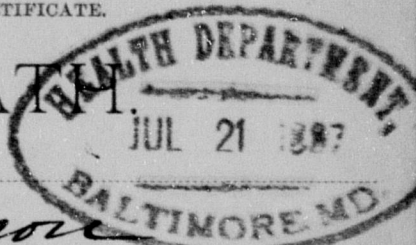
Ward

18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death,

July 21/87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Wm W Thompson

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

Years,

10

Months,

9

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Eng

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

576 WALKER ST

Cause of Death,

{ First (Primary),

Second (Immediate),

Cholera Infantum

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet Cemetery

Date of Burial,

July 22nd 1887

Undertaker,

Jos B. Clark

Place of Business,

1003 N. Baltimore Address,

Wm W. Blake M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, (13)

Permit No. A 1572

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 87

Full Name of Deceased, {

Write legibly and spell correctly. If an infant not named, give names of parents.

Katie Ryan

Sex, Male or Female, {

Cross out the word not required in this line.

Age, 1

Years, 9

Months, ✓

Days, ✓

Color, ✓

~~Married~~ Single, ~~Widow~~ or ~~Widower~~, {

Cross out the words not required in this line.

Occupation, ✓

Birthplace, { State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore, life time

Place of Death, { Give street and number.

950 West Lombard St

Cause of Death, {

First (Primary),

Second (Immediate),

Hydrocephalus
Convulsions

Duration of Last Sickness, Some days

All the above information should be furnished by the Physician.

Place of Burial, St Peter's cemetery

Date of Burial, July 22nd 1887

{ Undertaker, Jos B Cook

{ Place of Business 1003 W Baltimore

Jas. L. McEnrick M.D.
Medical Attendant.

Address 1631 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A-1573. Office of Registrar of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 21 1897

BALTIMORE MD

Date of Death, July 19/87

Full Name of Deceased, Selma Mizga
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 5 Years, 21 Months, 21 Days

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, Bald.

Birth Place, Baltimore
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, 4 Gay St.
{ Give Street and Number. }

Cause of Death, Cholera Infantum & Dehydration
Thy Stomach & Meningitis
19 days
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, Agia Sina Cemetery

Date of Burial, July 21

Undertaker, J. Shreve

Edmund F. Pendleton M. D.

Medical Attendant

Place of Business, 626 W. Baltimore Address, 208 Careyville

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 1574 Office of Registrar of Vital Statistics.

Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Fredrick Kuusmaul

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 5 Years, 3 Months, 8 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } ✓

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give Street and Number. } 1413 W. Saratoga Str

Cause of Death, { First (Primary), Second (Immediate), } Scarletina

Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Gen

Date of Burial, July 21st 1887

{ Undertaker, M. A. Duggan Mth.

{ Place of Business, 229 S. Bdy.

Louis B. Horn M. D.
Medical Attendant.

Address, Mulberry & Myrtle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1575 Office of Registrar of Vital Statistics. Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday July 19th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Gaunt

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 68 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, { Give Street and Number. } 15-125 E. Preston St.

Cause of Death, { First (Primary), Second (Immediate), } Cerebral Apoplexy
Coma Exhaustion

Duration of Last Sickness, 17 Hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, July 22nd 1887

{ Undertaker, Chas. H. Hickman Wilmer Brimton M. D.

{ Place of Business, 234 N. Gay Address, Chas St & Forum Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1576 Office of Registrar of Vital Statistics.

Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Dominick

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 18 Years, 6 Months, 13 Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Divorced~~, { Cross out the words not required in this line. }

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Five years

Place of Death, { Give Street and Number. } 1731 N. Gay Street

Cause of Death, { First (Primary), Second (Immediate). } Phthisis Pulmonalis

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, July 24th 1887

{ Undertaker, J. J. Guevara

{ Place of Business, 119 S. Eutaw St.

J. J. Guevara M. D.

Medical Attendant.

1427 N. Gay Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1577

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. **A 1577** Office of Registrar of Vital Statistics.

Ward **13th**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 21st '87
Garrett Stack

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, **38** Years, _____ Months, _____ Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Cannemaker

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

38 years

Place of Death, { Give Street and Number. }

University Hospital

Cause of Death, { First (Primary), Second (Immediate), }

Tuberculosis Pulmonum
Exhaustion

Duration of Last Sickness,

18 months

All the above information should be furnished by the Physician.

Place of Burial,

Bonny Brea

Date of Burial,

July 22nd '87

{ Undertaker,

Adams Hinkson

C. H. Mitchell M. D.

Medical Attendant.

{ Place of Business,

No 915 Gay St

Address,

University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1578 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 19th 1887

Full Name of Deceased, Catherine Fisher { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 70 Years, 2 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, German { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, 304 Forest av { Give Street and Number. }

Cause of Death, 1 Indication of Atherosclerosis { First (Primary), }
2 Quintessence { Second (Immediate), }

Duration of Last Sickness, 6 Years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 21 1887

{ Undertaker, Bernard Harle O. A. Cooke M. D. Medical Attendant.

{ Place of Business, 118 West St. Address, 104 Forest av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 1579 Office of Registrar of Vital Statistics. Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 19 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. Langford

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 29 Years, _____ Months, _____ Days

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, _____

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Six months

Place of Death, { Give street and Number. } 109 Jackson Square

Cause of Death, { First (Primary), Consumption of }
Second (Immediate), Bowel

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Mossina Cemetery

Date of Burial, July 22nd

{ Undertaker, J. Ahrens } { Medical Attendant, J. Donaldson N. M. D. }

{ Place of Business, 626 W Baltimore } { Address, 510 Park Ave }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]